

ALLIED HEALTHCARE PROFESSIONAL AND SUPPLEMENTAL LIABILITY
INSURANCE POLICY DECLARATIONS
RENEWAL DECLARATIONS

ATTACH THIS RENEWAL DECLARATIONS TO YOUR EXPIRING POLICY

Policy Number: PHCP009363

Philadelphia Indemnity Insurance Company

Administered by: CPH & Associates
711 S. Dearborn, Ste. 205
Chicago, IL 60605

~~Rose Counseling & Evaluation Services, P.C.~~
Patricia M. Rose
617 N. Humphreys Ste. 101
Flagstaff, AZ 86001

Affiliation: NSP
Professional Occupation: PSYCHOLOGIST

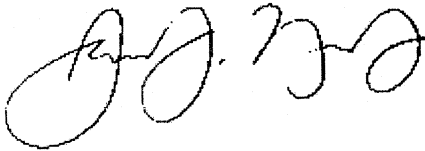
Coverage Term From: (Effective Date) 09/01/05 To: (Expiration Date) 09/01/06
at 12:01 a.m. Standard Time at the Insured's Mailing Address shown above.

COVERAGE A – PROFESSIONAL LIABILITY COVERAGE	LIMITS OF LIABILITY	PREMIUM
Individual – Each Incident:	N/A	\$1140.00
Aggregate:	N/A	
Association, Partnership or Corporation – Each Incident:	\$1,000,000	
Aggregate:	\$3,000,000	
COVERAGE B – SUPPLEMENTAL LIABILITY COVERAGE		
Each Incident:	\$1,000,000	
Aggregate:	\$3,000,000	

Policy Forms and Endorsement: The expiring policy forms, endorsements and limits of insurance apply to this renewal unless changes are shown on this Renewal Declaration.

Premium (including taxes): \$1140.00

Call the Administrator to Verify Claims History at 1-800-875-1911



Jamie Maguire, Authorized Representative

PHCP-01(3/01)

Certificate of Insurance (Proof of Coverage)

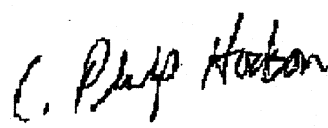
Date Issued: 8/1/2005

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*	Program Administrator
Rose Counseling & Evaluation Services, P.C. Patricia M. Rose 617 N. Humphreys Ste. 101 Flagstaff, AZ 86001	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605
<i>*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.</i>	Underwritten By: Philadelphia Indemnity Insurance Company

Coverage		
Policy #: PHCP009363	Effective Date: 09/01/05	Expiration Date: 09/01/06
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
Limits of Liability		Coverage Part
EACH OCCURRENCE (Per individual claim)	AGGREGATE (Total amount per policy year)	
\$1,000,000	\$3,000,000	Professional Liability
\$1,000,000	\$3,000,000	Supplemental Liability Includes: A) Bodily Injury and Property Damage B) Personal Injury
Unlimited	Unlimited	Defense Expense Coverage
\$25,000	\$25,000	State Licensing Board Investigation Expense Coverage
\$5,000	\$5,000	Assault Coverage
\$5,000	\$15,000	Deposition Expense Benefit
\$2,500/person	\$25,000	Medical Expense Coverage
\$2,500	\$2,500	First Aid Coverage

Description/Special Provisions:

Certificate Holder	Cancellation
PROOF OF COVERAGE	Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
Holder has also been added to the policy as an additional insured:** ___ Yes/XNo **If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	Authorized Representative  C. Philip Hodson

DISCLAIMER: The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

● Taxpayer Identification Number (TIN) 86-0997446 ● TIN ☒ Employer Identification Number (EIN) ● State of Arizona HRIS EIN
Type ☐ Social Security Number (SSN) State of Arizona Employees ONLY

● Legal Name
Must match TIN above

Rose Counseling & Evaluation Services, P.C.

● Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☒ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (6I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (50)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

● Minority Business Indicator Select one of the following

- ☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business- Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☒ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (11)
☐ Woman Owned Business (03)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

● Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Rose Counseling & Evaluation Services

Address

617 N. Humphreys St.

Address continued

Suite 101

City

Flagstaff

State

AZ

Zip code

86001

● Remit to Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

● Contact Information

Name

Patricia M. Rose

Phone #

928-779-3783 EXT 3

Fax

928-773-1150

email

doctflag@juno.com

● Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
 3. I am a U.S. person (including U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

[Signature]

Title

President

Date

7-18-06

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed